PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875   |   |   |                                      |   |                  |   | Application or Docket Number<br>10/098,667 |   |     | ing Date<br>15/2002           | To be Mailed           |  |
|---|---|---|--------------------------------------|---|------------------|---|--|---|-----|-------------------------------|------------------------|--|
| APPLICATION AS FILED – PART I<br>(Column 1) (Column 2)  |   |   |                                      |   |                  |   | SMALL ENTITY 🛛                             |   |     | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| ⊢   | FOR   |   | NUMBER FILED                         |   | NUMBER EXTRA     |   | RATE (\$)                                  | FEE (\$)                                | OK. | RATE (\$)                     | FEE (\$)               |  |
|   | BASIC FEE   | $\neg$                                    | N/A                                  | .ED NO  | N/A              |   | N/A  | FEE (a)                                 | ł   | N/A                           | FEE (8)                |  |
| ┢   | (37 CFR 1.16(a), (b), s<br>SEARCH FEE                                     | or (c))                                   | A174                                 |   |                  |   |  |   | ł   | <del></del>                   |                        |  |
| H   | (37 CFR 1.16(k), (i), o   |   | N/A                                  | _   | N/A              |   | N/A  |   | l   | N/A                           |                        |  |
| TO  | (37 CFR 1.16(o), (p), (   |   | N/A                                  |   | N/A              |   | N/A  |   | ١   | N/A                           |                        |  |
| (37   | CFR 1.16(i))<br>DEPENDENT CLAIM   | s   | minus 20 = *                         |   | •                |   | x \$ =                                     |   | OR  | x \$ =                        |                        |  |
| (37   | CFR 1.16(h))  |   | minus 3 = *                          |   |                  |   | x \$ =                                     |   | ı   | x \$ =                        |                        |  |
|   | APPLICATION SIZE<br>(37 CFR 1.16(s))                                      | FEE shee is \$2 addit                     | ts of pap<br>50 (\$125<br>ional 50 : | gs exceed 100<br>in size fee due<br>for each<br>in thereof. See<br>CFR 1.16(s). |                  |   |  |   |     |                               |                        |  |
|   | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                         |   |                                      |   |                  |   |  |   | 1   |                               |                        |  |
| * If  | * If the difference in column 1 is less than zero, enter "0" in column 2. |   |                                      |   |                  |   |  |   | 1   | TOTAL                         |                        |  |
| APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)   |   |   |                                      |   |                  |   |  | OTHER THAN SMALL ENTITY OR SMALL ENTITY |     |                               |                        |  |
| AMENDMENT   | 08/04/2009  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                     | PRESENT<br>EXTRA |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$)                  |     | RATE (\$)                     | ADDITIONAL<br>FEE (\$) |  |
|   | Total (37 CFR<br>1.16(i))   | • 19                                      | Minus                                | ·· 34   | = 0              | 1 | X \$26 =                                   | 0                                       | OR  | x s =                         |                        |  |
|   | Independent<br>(37 CFR 1.16(h))   | • 2                                       | Minus                                | ···3  | = 0              | 1 | X \$110 =                                  | 0                                       | OR  | x s =                         |                        |  |
|   | Application Size Fee (37 CFR 1.16(a))                                     |   |                                      |   |                  |   |  |   |     |                               |                        |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))           |   |                                      |   |                  |   |  |   | OR  |                               |                        |  |
|   |   |   |                                      |   |                  |   | TOTAL<br>ADD'L<br>FEE                      | 0                                       | OR  | TOTAL<br>ADD'L<br>FEE         |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |                                      |   |                  |   |  |   |     |                               |                        |  |
| AMENDMENT   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                     | PRESENT<br>EXTRA |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$)                  |     | RATE (\$)                     | ADDITIONAL<br>FEE (\$) |  |
|   | Total (37 CFR<br>1.1601)  |   | Minus                                |   | =                | 1 | x \$ =                                     |   | OR  | x s =                         |                        |  |
| M   | Independent<br>(37 CFR 1,16(h))   |   | Minus                                | ***   | =                | 1 | x \$ =                                     |   | OR  | x \$ =                        |                        |  |
| Ш   | Application Size Fee (37 CFR 1.16(s))                                     |   |                                      |   |                  | ] |  |   | ]   |                               |                        |  |
| AM  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))           |   |                                      |   |                  | 1 |  |   | OR  |                               |                        |  |
|   |   |   |                                      |   |                  |   |  |   | OR  | TOTAL<br>ADD'L<br>FEE         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1. |   |   |                                      |   |                  |   |  |   |     |                               |                        |  |

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentially is governed by 85 USE of 22 and 37 CER 1.4. If this collection is estimated to state 27 animates to complete in condition gathering, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the Child information Officer. USE of the animate of time you require to complete this form and/or segregations for motioning this burfule, also table a sent to the Child information Officer. USE of the animate of Commence, D.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment of Portains 1, Po.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment of Portains 1, Po.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissionment of the complete of Portains 1, Po.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commission of the COMPLETE SEND TO C. COMPLETE SEND TO THIS ADDRESS SEND TO C. COMPLETE SEND TO C. COMPLETE